

Date: October 14, 2003
Attorney Docket No. HE 8698US

First Inventor: Michael D. Gerdes

Title: IMPROVED WHEEL COMPONENT CENTERING SYSTEM FOR VEHICLE SERVICE DEVICES Express Mail Label No. EL 993296795US

Mail Stop Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 16834 U.S. PTO 10/685009

| Attached are:   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Specification (Total Pages 34) Claims (Total Pages 12)  |  |  |  |  |  |  |
| Abstract (Total Pages 1)  |  |  |  |  |  |  |
| ☐ Drawing(s) ☐ Informal ☐ Formal (Total Sheets 10)  |  |  |  |  |  |  |
| <ul> <li>✓ Declaration &amp; Power of Attorney (Total Pages 2)</li> <li>✓ Newly executed (original or copy)</li> </ul>                        |  |  |  |  |  |  |
| Copy from a prior application (for continuation/divisional)   |  |  |  |  |  |  |
| <ul> <li>✓ Assignment Papers (cover sheet &amp; document(s))</li> <li>✓ Information Disclosure Statement</li> </ul>                           |  |  |  |  |  |  |
| Non-Publication Request   |  |  |  |  |  |  |
| I hereby request that the attached application <b>not</b> be published under 35 U.S.C.  |  |  |  |  |  |  |
| 122(b). (if yes, be sure to fill out non-publication request form)  ☑ Return Receipt Postcard ☐ Other: ☐ Applicant claims small entity status |  |  |  |  |  |  |
| This application is a   |  |  |  |  |  |  |
| ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of   |  |  |  |  |  |  |
| Prior Application No. Examiner: GAU:  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

## **FEE CALCULATION**

|              | Number |        | Number | Other Than | Small     | Basic    |
|--------------|--------|--------|--------|------------|-----------|----------|
|              | Filed  |        | Extra  | A Small    | Entity    | Fee      |
|              |        |        |        | Entity     |           |          |
| Basic Fee    |        |        |        | \$750.00   | \$375.00  | \$750.00 |
| Total Claims | 60     | - 20 = | 40 x   | \$ 18.00   | \$ 9.00=  | \$720.00 |
| Independent  | 10     | - 3 =  | 7 x    | \$ 84.00   | \$ 42.00= | \$588.00 |
| Claims       |        | _      |        |            |           |          |
| Multiple     | 0      |        |        | \$280.00   | \$140.00  | \$0.00   |
| Dependent    |        |        |        |            |           |          |
| Claims       |        |        |        |            |           |          |

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